



STATE OF NEW HAMPSHIRE  
DEPARTMENT OF SAFETY  
DIVISION OF ADMINISTRATION  
**Road Toll Bureau**  
33 Hazen Drive  
Concord, NH 03305  
Tel. (603) 271-6183  
TDD Access: Relay NH 1-800-735-2964

**ROAD TOLL REFUND APPLICATION  
MUNICIPAL AND COUNTY  
GASOLINE ONLY**

**FOR OFFICIAL USE ONLY:**

CLAIM NUMBER	
CLASS NO.	NO. MOS.
APPROVED	DISALLOWED
GALS.	GALS.
\$	\$
BY	REASON NO.
DATE	

CITY, TOWN, SCHOOL DISTRICT, VILLAGE DISTRICT OR COUNTY				DEPARTMENT
(OFFICE ADDRESS) STREET	CITY/TOWN	STATE	ZIP CODE	TELEPHONE NUMBER

**This is to certify that the above has purchased gasoline upon which the road toll has been paid and the gasoline purchased was subsequently used in motor vehicles owned by the applicant, in accordance with RSA 260:47.**

Period of \_\_\_\_\_ yr. \_\_\_\_\_ through \_\_\_\_\_ yr. \_\_\_\_\_

**APPLICANT'S CLAIM**

1. Total gallons, as per attached invoices	Gals.
2. Total gallons consumed:	Gals.
3. Amount of refund (Line 2 X .18¢)	\$ _____

**Original invoices**, bearing the name and address of the supplier and the **NAME OF THE APPLICANT** together with evidence of payment must be attached. Invoices cannot be returned to the applicant.

**Evidence of payment:** each invoice must be receipted by the supplier as being paid, or if payment is made by check, the date of payment and check number must be supplied.

The gasoline must actually be used and the refund applied for **within two (2) years after the date of purchase or invoice. MINIMUM REFUND IS TEN DOLLARS (\$10.00).**

Evidence of erasures or changes in either the dates, amounts shown in the invoice or evidence of payment shall result in the invoice being disallowed.

Signature \_\_\_\_\_ Title \_\_\_\_\_

("This application is signed under penalty of unsworn falsification pursuant to RSA 641:3.")